

<b>Case Number:</b>	CM15-0119644		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	04/29/2014
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old female, who sustained an industrial injury on 4/29/14. She reported pain in the back, neck, right shoulder, wrists, and knees. The injured worker was diagnosed as having lumbar disc disease, status post lumbar fusion, lumbar radiculopathy, painful retained hardware, and lumbar facet syndrome. Treatment to date has included lumbar surgery in 2012, physical therapy, acupuncture treatment, and medication. Physical examination findings on 5/15/15 included moderate tenderness over the lumbar paravertebral musculature, moderate pain over the hardware at L4-5, and moderate facet tenderness at L3-S1 bilaterally. A MRI of the lumbar spine revealed multilevel degenerative disc disease with facet arthropathy and neuroforaminal stenosis at L3-4, L4-5, and L5-S1. Currently, the injured worker complains of low back pain with bilateral lower extremity numbness and tingling. Right shoulder pain was also noted. The treating physician requested authorization for a left L3-4 and L4-5 transforaminal epidural steroid injection, a urine drug screen, and interferential unit reprogramming.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Left L3-L4 and L4-L5 transforaminal epidural steroid injection x2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, left L3 - L4 and L4 - L5 transforaminal epidural steroid injections times 2 are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electro diagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are status post lumbar fusion; lumbar disc disease; lumbar radiculopathy; painful retained hardware; and lumbar facet syndrome. An initial pain management evaluation was performed according to a progress note dated May 15, 2015. Subjectively, there was pain at the lumbosacral spine 6/10 that radiated to the left lower extremity. The injured worker has a history of lumbar fusion at L4 - L5 with retained hardware. According to a QME dated April 16, 2015, the injured worker had three prior epidural steroid injections with relief. There is no documentation indicating percentage relief. There is no documentation of an associated reduction in medication use for 6 to 8 weeks. The duration of pain relief is not documented in the medical record. According to the May 15, 2015 progress note, objectively there is a sensory defect at L3 - L5 dermatomes. There is positive straight leg raising. There is tenderness to palpation over the lumbar paraspinal muscle groups, tenderness over the hardware at L3 - S1 and facet tenderness over L3 through S1. Consequently, absent clinical documentation of the three prior epidural steroid injections with documentation indicating percentage relief, associated reduction in medication use and duration of pain relief, left L3 - L4 and L4 - L5 transforaminal epidural steroid injections times 2 are not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids - urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is

recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are status post lumbar fusion; lumbar disc disease; lumbar radiculopathy; painful retained hardware; and lumbar facet syndrome. An initial pain management evaluation was performed according to a progress note dated May 15, 2015. Subjectively, there was pain at the lumbosacral spine 6/10 that radiated to the left lower extremity. The injured worker has a history of lumbar fusion at L4 - L5 with retained hardware. According to the May 15, 2015 progress note, objectively there is a sensory defect at L3 - L5 dermatomes. There is positive straight leg raising. There is tenderness to palpation over the lumbar paraspinous muscle groups, tenderness over the hardware at L3 - S1 and facet tenderness over L3 through S1. The treatment plan indicates the urine drug screen was ordered to establish a baseline. Current medications include relafen, gabapentin and Prilosec. There were no opiates or controlled substances documented the medical record. There is no aberrant drug-related behavior, drug misuse or abuse. Consequently, absent clinical documentation with ongoing opiate use, aberrant drug related behavior, drug misuse or abuse and the clinical indication and rationale or urine drug toxicology screen, urine drug testing is not medically necessary.

**Interferential unit reprogramming:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy, interferential current stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Interferential unit (IF) reprogramming is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are status

post lumbar fusion; lumbar disc disease; lumbar radiculopathy; painful retained hardware; and lumbar facet syndrome. An initial pain management evaluation was performed according to a progress note dated May 15, 2015. Subjectively, there was pain at the lumbosacral spine 6/10 that radiated to the left lower extremity. The injured worker has a history of lumbar fusion at L4-L5 with retained hardware. According to the May 15, 2015 progress note, objectively there is a sensory defect at L3 - L5 dermatomes. There is positive straight leg raising. There is tenderness to palpation over the lumbar paraspinal muscle groups, tenderness over the hardware at L3 - S1 and facet tenderness over L3 through S1. A progress note dated May 15, 2015 does not discuss the interferential unit (IF) regarding objective functional improvement. There is no discussion of pain reduction with the IF unit. The documentation does not contain a clinical rationale for IF reprogramming. Consequently, absent clinical documentation with objective functional improvement to support ongoing IF use, documentation of pain reduction with the IF unit and a clinical rationale for IF reprogramming, Interferential unit (IF) reprogramming is not medically necessary.